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CENTRAL FAX CENTER
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ARGUMENTS

Differences from Weilbacher's (4,465,483) device
In the abstract portion from Weilbacher it states:

"One of the bodies includes a collection chamber connected to the pleural cavity of a patient and connected to a first passage formed in the header".

This device is an inherently different device from Weilbacher's (4,465,483) His device is not designed in any way to suction the mouth, oropharynx, distal trachea or bronchi. It is intended for the drainage of the pleural cavity which is between the parietal and visceral pleura; it is between the lung and the chest wall. Weilbacher's device is similar to tube thoracostomy or chest tube drainage systems. Weilbacher's patent continually makes reference to the device draining the pleural cavity which can only be accessed by a tube through surgical incision through the skin, subcutaneous tissue, and muscle to cut into the pleural cavity.

Our device is for the oropharynx, trachea and distal bronchi. It is used under direct visualization through the oropharynx or with laryngoscopic view. It is not for drainage of the pleural cavity.

Differences from Grane (4,273,126)

Grane's device has many limitations which make it different from my device. The device used by Grane is for suctioning of the mouth and that is its only use. I reviewed the patent in detail and it only mentions the oral cavity. My device is intended to rapidly suction all large and small particles (liquids, and solids) from the oral cavity and importantly to suction the oropharynx over the glottis opening. My device also can be placed through the glottis into the trachea. The balloon can be inflated on the catheter to create a distal seal in the trachea to suction liquid and solid debris in the trachea and in the distal bronchi. This is not possible at all with Grane's device by its design as it can only be used in the mouth.

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